PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

04735325

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			100.00.				Ė	RATE	FEE) 1 [RATE	FEE
						DED EVED				1		
FOR			NUMBER FILED		NUMB	SER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. 6			X\$ 9=		OR	X\$18=	9
INDEPENDENT CLAIMS			1 minus 3 =		8			X40=	//	OR	X80=	Ø
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	a
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL ·		OR	TOTAL	0
CLAIMS AS AMENDED - PART II								•	,	•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	I	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=	Г	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLIIPLE DEI	PENDEN	·			+135=		OR	+270=	
	·							TOTAL DIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	
		(Column 1) CLAIMS		HIGH		(Column 3)	-	······································	ADDI		·	ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										_	
						,	Ŀ	+135=		OR	+270=	
				ΑD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE				
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Miņus	**		= .		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
• •	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	f the "Highest Nu If the "Highest Nu	mn Tistess than to mber Previously Pa mber Previously Pa aber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE I	s less thai is less tha	n 20, enter "20." n 3, enter "3."		TOTAL DIT. FEE	ronriate box	-	TOTAL ADDIT. FEE	